



Grays Harbor County Auditor

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SPECIAL ELECTION RESOLUTION COVER SHEET

This form MUST accompany each original or certified copy of the resolution. Contact person or persons should have the authority to approve change and answer questions.

Name of District: _____

District Address: _____

Date of Election: _____

Contact Person: _____ Title: _____

Contact Phone: _____ Fax: _____

Contact Email: _____

2nd Contact Person: _____

2nd Contact Phone: _____

2nd Contact Email: _____

Attorney for District: _____

Attorney Phone: _____

Attorney Email: _____

Is this the only Measure: Yes No

Type of election: Levy, Bond, Lid Lift, Other: _____

IMPORTANT Please state the pass/fail requirements for this measure (i.e. Simple Majority, 60% etc.) as determined by your legal counsel, together with applicable statutory references:

Simple Majority (50%+1) Super Majority (60%)